



TennCare CHOICES

in Long-Term Care Program

AAAD

February 26, 2010



ENROLLMENT

- Enrollment processes will be handled by the Choices Enrollment Unit (current Claims Unit).

Current Staff:

- Rosa Bell – 615-507-6983
- Jackie Binkley – 615-507-6989
- Sonya Capps – 615-507-6988
- Kim Carroll – 615- 507-6027
- Barbara Fahey – 615-507-6995
- Deborah Matlock – 615-507-6945
- Victoria White – 615-507-6993
- Kim Williams – 615-507-6998
- Teresa Vise – 615-507-6996



Choices Enrollment Groups

- Group 1A = CH1A – ICF
- Group 1B = CH1B – SNF
- Group 2A = CH2A – HCBS
- Group 2B = CH2B – HCBS for use only after enrollment cap is met for recipients transitioning from a nursing facility to the community.
- Group 2C = CH2C – HCBS – Immediate Eligibility (must be under enrollment target to enroll in this category)
- Group 2D = CH2D – HCBS for use to transition active SSI only, after the enrollment target is met, as a cost effective alternative.



Choices Conversion

- Using the current data within the TennCare interChange system, Middle TN enrollees currently receiving either nursing facility or HCBS services, have been systematically converted to the appropriate Choices enrollment a with March 1, 2010 effective date.



ENROLLMENT

- The Enrollment Unit will manage all Choices enrollments, transitions and disenrollments.
- Enrollments into Choices, for Middle Tennessee are based on the enrollee's county of residence. Therefore, it is possible for a Medicaid enrollee to not be enrolled into Choices, even though they reside in the Middle Tennessee area, because of having an East or West Tennessee county code. Cases such as this are considered Non-Choices and will remain as Medicaid fee-for-service until such time that their county is changed to Middle Tennessee or when Choices is statewide.
- The TPAES system will be utilized to handle most all Choices **enrollments** and **transitions**. Paper forms will only be utilized in the event of system failure that endures beyond normal business hours of one day.
- Medicare Cross-Over patient liability determinations will continue to require a paper 2350 and 2362.
- **PLEASE NOTE: An approved PAE does not mean that an applicant will be enrolled in Choices.**



Enrollment Processes

- Once a Choices PAE is approved and applicable notices are sent, TPAES will auto-generate an enrollment form to the enrollment queue. The Enrollment Unit will perform a “pre-screening” of the enrollment form to determine:
 - Can the enrollment be approved?
 - ☐ No. Enrollment is denied and appropriate notices containing appeal rights are sent.
 - ☐ Yes. Validate if the applicant has current Medicaid in an appropriate category.
- If the applicant does not have Medicaid, the Enrollment Unit will notify the appropriate SPOE (Single Point of Entry), as well as auto-generate the enrollment form to DHS (Department of Human Services). DHS will use the Enrollment Form as a quasi 2350 form.
- If the applicant has Medicaid, the Enrollment Unit will add the PAE to TennCare’s interChange system. This ensures notification to the applicant’s MCO (Managed Care Organization) that an applicant has an approved PAE. The enrollment form will then be auto-generated to DHS for calculation or re-calculation of patient liability.



Enrollment Processes

- The NFs, MCOs and DHS have been trained that if the Medicaid application process is facilitated by AAADs the interview process will be waived and; DHS will make eligibility decision within no more than 10 business of receipt of days of complete application and required documentation.



Enrollment Processes

- Once the DHS caseworker determines an applicant's status, to either approve or deny Medicaid, calculates patient liability for approvals (quasi 2362 form), along with effective dates, the enrollment form will be auto-generated back to the Enrollment Unit's TPAES queue.
- The Enrollment Unit will perform the second enrollment review.
 - o Can the enrollment be approved?
 - ☐ No. Enrollment is denied and appropriate notices containing appeal rights are sent.
 - ☐ Yes. Within three days of receipt of all pertinent documents, the Enrollment Unit will enter the appropriate enrollment group into TennCare's interChange system.



Enrollment Processes

- In order to enroll in Group 1, the Enrollment Unit must have an admit date. If no admit date is indicated on the Enrollment Form, an “Admit Date Reminder Notice” will be generated to the NF or the submitter. These notices will be tracked in the “Admit Date Reminder Notice” queue for Enrollment Unit staff to track.
- Enrollments entered into TennCare’s interChange system will auto-generate a “Welcome to Choices” notice to the enrollee. In addition, an overnight electronic process will transmit the enrollment data to the appropriate MCO.
- The submitter will be notified via TPAES, once an Enrollment has been approved or denied.



Enrollment Processes

Reasons for enrollment denial (but not limited to):

- Eligible for Medicaid only – asset transfer penalty for NF vendor payments
- Medicaid application denied
- Not eligible for Medicaid in SSI or Institutional Category (Group 2 only)
- Does not meet level of care (no approved PAE)
- Does not meet target criteria; Elderly/Physically Disabled (Group 2 only)
- Safety, Safety and Cost Neutrality (Group 2 only)
- Enrollment target met and does not meet specified exceptions for NF (Nursing Facility) transitions or CEA (Cost Effective Alternative)



Enrollment Processes

- The Enrollment Unit will monitor the enrollment queues to ensure all processes are completed in a timely manner.
- If the Enrollment Unit receives an incorrect form (i.e., a new enrollment in lieu of a transition, etc.), the submitter and MCO will be notified.
- Enrollment denial appeals will be handled with the Division of Long Term Care.



Transition Processes

- The Enrollment Unit will receive and process all Choices Transitions. Transitions will be submitted through the TPAES systems by MCO's only, and are intended to move enrollees to different Choices groups.

The following documents are required for Transitions:

- Approved Choices PAE or Choice SNF PAE (Groups 1 and 2)
- Approved Safety and Cost Neutrality Determination (Group 2 only)
- Active SSI or Institutional Eligibility (no asset transfer penalty) (Group 2 only)
- Re-calculation of Patient Liability (Groups 1 and 2)
- Fully Completed PASRR process (Group 1 only)



Transition Processes

- The Enrollment Unit will receive and review Transition Forms.
 - Can the Transition Form be approved?
 - ☐ No. Deny the Transition request with the appropriate denial reason.
 - ☐ Yes. If the transition request is within the same Group, enter the appropriate transition data into TennCare's interChange system and notify the MCO of the approval. If the transition request is not within the same group, notification for re-calculation of patient liability will be auto-generated to DHS. Once recalculation occurs, DHS will auto-generate form back to the Enrollment Unit queue, for transition entries into TennCare's interChange system.



Transition Processes

- Transitions entered into TennCare's interChange system, will automatically transmit to the appropriate MCO, via an overnight, electronic transaction.
- **Note:** Enrollees in Group 2 requiring institutional stays of 90 days or less, will not be transitioned to Group 1, until such time it is determined that they require more than 90 days of institutional care or choose to voluntarily dis-enroll from Group 2. MCO's will coordinate this process and no changes will be made made in TennCare's system until voluntary or involuntary dis-enrollment occurs.



Dis-Enrollments

- Dis-enrollments can be voluntary or involuntary.
 - o Voluntary dis-enrollments require the enrollee or enrollee's designee to sign a "Voluntary Dis-Enrollment" form
 - o Involuntary dis-enrollments can occur for more than several reasons, which include but are not limited to:
 - No longer meets level of care (Groups 1 and 2)
 - Cost neutrality exceeded (Group 2 only)
 - No longer qualifies for Medicaid (Groups 1 and 2)
 - Enrollee not paying patient liability (Groups 1 and 2)
 - Safety needs can no longer be met (Group 2 only)
 - No longer receiving services (Groups 1 and 2)



Dis-Enrollments

- The Enrollment Unit will receive both Voluntary and Involuntary dis-enrollments. The appropriate dates and codes will be entered into TennCare's interChange system and appropriate notices will be auto-generated according to the dis-enrollment reason entered.
- Voluntary Dis-Enrollments have no appeal rights.
- Appeals associated with Involuntary Dis-Enrollments will be handled within the Long Term Care Division of the TennCare Bureau.



Questions and Request for Contacts